

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

63

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

Annise

NICKNAME

LAST

SUFFIX

Parker

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

☐ Change of Address

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 66513

Houston, TX 77266

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(713)

522-9000

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

Kathy

NICKNAME

LAST

SUFFIX

Hubbard

**7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2615 Montrose Blvd

Houston, TX 77006

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(713)

522-9000

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month Day Year

01 / 01 / 04

THROUGH

Month Day Year

06 / 30 / 04

11 ELECTION

ELECTION DATE

Month Day Year

12 / 06 / 03

ELECTION TYPE

☐ Primary

☒ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Controller

13 OFFICE SOUGHT (if known)

**14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**
15 C/OH NAME**16 ACCOUNT #** (Ethics Commission filers)
**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

**** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ****

COMMITTEE TYPE
☐ **GENERAL**
☐ **SPECIFIC**
COMMITTEE NAME**COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**
☐ additional pages

**18 CONTRIBUTION
TOTALS**
**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$

**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 59,685.00

**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

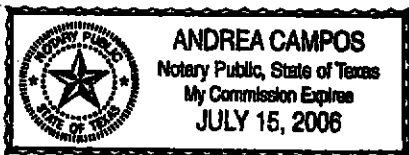
\$ 66,549.38

**CONTRIBUTION
BALANCE**
**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD**

\$ 12,577.14

**OUTSTANDING
LOAN TOTALS**
**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$ 10,000.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Annise D. Parker

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Annise D. Parker, this the 15th day of July, 20 04, to certify which, witness my hand and seal of office.

A Campos

Signature of officer administering oath

Andrea Campos

Printed name of officer administering oath

Notary Public

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **36**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/15/2004

5 Full Name of Contributor:

Catherine G. Wile☐ out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/16/2004

5 Full Name of Contributor:

Safeer Hassan☐ out of state PAC7 Amount of
contribution (\$):**\$1,000.00**8 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code



9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/17/2004

5 Full Name of Contributor:

Mark Neil Adams Jr.☐ out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/17/2004

5 Full Name of Contributor:

Daryl Lane Moore☐ out of state PAC7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

1/17/2004

5 Full Name of Contributor:

David G. Puckett AIA☐ out of state PAC7 Amount of
contribution (\$):**\$150.00**8 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Fulbright & Jaworski L.L.P. Texas Committee	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrews & Kurth Texas PAC	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. H. Jones II	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Geoffrey K. Walker	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel C. Arnold	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Terry T. Hershey	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jill R. Houck	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Peter H. Brown FAIA	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stuart A. Shapiro M.D.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 1/30/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sarah A. Bagley Peterson	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 1/31/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David G. Puckett AIA	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gilbert A. Garcia	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Morris Architects Civic Action Fund	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Muffie Moroney	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan A. Lieberman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36	
2 FILER NAME: Annisie Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Chris Richardson 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jack G. Jackson 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carolyn G. Truesdell 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Audrey Lawson 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dudley Smith 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36
2 FILER NAME: Annisie Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lorraine Wulfe	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC L. Kelly Frels	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James A. Binkley	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jay L. Moore Jr	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 2/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC C. Mike Garver	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS CAO and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **36**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/3/2004

5 Full Name of Contributor: ☐ out of state PAC
Michael M. Fowler

7 Amount of
contribution (\$):
\$250.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/3/2004

5 Full Name of Contributor: ☐ out of state PAC
Imogen S Papadopoulos

7 Amount of
contribution (\$):
\$250.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/3/2004

5 Full Name of Contributor: ☐ out of state PAC
John S.W. Kellett

7 Amount of
contribution (\$):
\$250.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/5/2004

5 Full Name of Contributor: ☐ out of state PAC
Chavonne M. Slovak

7 Amount of
contribution (\$):
\$250.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/6/2004

5 Full Name of Contributor: ☐ out of state PAC
Edmond D. Wulfe

7 Amount of
contribution (\$):
\$500.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	

4 Date 2/6/2004	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor:</div><div><input type="checkbox"/> out of state PAC</div></div> Nancy L. Lerner <hr/> <div>6 Contributor Address: City, State, Zip Code</div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/6/2004	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor:</div><div><input type="checkbox"/> out of state PAC</div></div> Michael J. Collins <hr/> <div>6 Contributor Address: City, State, Zip Code</div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/9/2004	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor:</div><div><input type="checkbox"/> out of state PAC</div></div> Kim Icenhower <hr/> <div>6 Contributor Address: City, State, Zip Code</div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/9/2004	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor:</div><div><input type="checkbox"/> out of state PAC</div></div> Patricia K. Joiner <hr/> <div>6 Contributor Address: City, State, Zip Code</div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor:</div><div><input type="checkbox"/> out of state PAC</div></div> John E. Walsh Jr. <hr/> <div>6 Contributor Address: City, State, Zip Code</div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.


If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.


POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS


SCHEDULE A1


(FOR FORMS C/OH and SPAC)


The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Peggy Smith	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan Davis	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul M. Frison	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Herbert B. Rothschild Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert Weinberger	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John A. Matlage Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dianne L. Reece	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC ChaseCom Limited Partnership	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cathy C. Frank	7 Amount of contribution (\$): \$15.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Helen N. Futch	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36	
2 FILER NAME: Annis Parker		3 ACCOUNT # (Ethics Commission filers)	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harry M. Reasoner	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elizabeth S. Kaled	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Geoffrey C. Westergaard	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Vinson & Elkins Texas Political Action Committee	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dennis W. Sander PE	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hermes Architects PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kagan Enterprises LLP	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/11/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Walter N. Graham III	7 Amount of contribution (\$): \$5.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/13/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Preston Moore Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/13/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Matilda B. Melnick	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/13/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC H. Irving Schweppe Jr. 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/13/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lester A. Marks 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/13/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John H. Crooker Jr. 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/13/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William K. Murphy MD 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/13/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William F. Bulcher 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **36**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/13/2004

5 Full Name of Contributor:

Thomas C. Mays III

☐ out of state PAC

7 Amount of
contribution (\$):

\$100.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/13/2004

5 Full Name of Contributor:

J. Kent Friedman

☐ out of state PAC

7 Amount of
contribution (\$):

\$500.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/19/2004

5 Full Name of Contributor:

Kathryn L. E. Rabinow

☐ out of state PAC

7 Amount of
contribution (\$):

\$100.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/19/2004

5 Full Name of Contributor:

Peter Nahua

☐ out of state PAC

7 Amount of
contribution (\$):

\$20.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

2/19/2004

5 Full Name of Contributor:

Virginia A. Camfield

☐ out of state PAC

7 Amount of
contribution (\$):

\$50.00

8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marion Kay Saunders	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Herbert Lum	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bert Melnick	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC MaryLee P Burrus	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kathleen Bell	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kerry F Inman	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Madeleine G. Appel	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael L. Catrett	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David Stone	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC E. D. Engelhardt Jr.	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annisie Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Twilight S. Freedman	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Terry L. Huffington	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Airport Dermatology Clinic PA	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Maribel S. Allport TTEE	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bracewell & Patterson Committee PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ned S Holmes	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carroll S. Shaddock	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charlotte L. Avery	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William P. Hobby	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Eric H. Shamban	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Virginia L. Mithoff	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Eleanor Tinsley	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC TREPAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Blaine R. Davis	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jerry N. Clark	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36
2 FILER NAME: Annisie Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Evelyn B. Shanley	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Donna L. Capps	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert R. Fretz Jr	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard J. Brewer	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kent M. Hixson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Realty Breakfast Club PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC TSC Fund PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daryl Lane Moore	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael L. Alexander	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sujeeth B. Draksharam PE	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS


SCHEDULE A1

(FOR FORMS C/OH and SPAC)


The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36
2 FILER NAME: Annisie Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Chris K. Wilmot	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		


9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Pamela Monroe	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		


9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC LAN-PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Centerpoint Energy, Inc. PAC	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Turner Collie & Braden PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Landry's Restaurants PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC Halliburton Company PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cheryl L. Dotson	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Associated General Contractors PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Winstead Sechrest & Minick, P.C. PAC	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annisie Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Scott Hill	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Miles S. Frey	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ross M. Smith	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Karen Nelson Thomas PLLC	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lisa Wittig Oliver	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark R. Yzaguirre	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Fire Fighters L-341 Political Action Fund	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cindy L. Clifford	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ellen R. Cohen	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	






4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Claudia F. Williamson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Claude Rennie Glover 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gerald M. Brady 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Julie Moncur 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Melaney A. Linton 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Riyad A. Abu-Taha 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **36**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/26/20045 Full Name of Contributor:
George W. Strong☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/26/20045 Full Name of Contributor:
John E. Walsh Jr.☐ out of state PAC7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/26/20045 Full Name of Contributor:
Larry Berkman☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/26/20045 Full Name of Contributor:
Sally L. Bradford AAE☐ out of state PAC7 Amount of
contribution (\$):
\$75.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/26/20045 Full Name of Contributor:
Jon N. Strange☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **36**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
2/26/20045 Full Name of Contributor: ☐ out of state PAC
James Dale Lehman7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/26/20045 Full Name of Contributor: ☐ out of state PAC
Harriet S. Leveen LUTCE/CLTC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/26/20045 Full Name of Contributor: ☐ out of state PAC
Pete T. Patterson7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/26/20045 Full Name of Contributor: ☐ out of state PAC
Jerry A. Wood7 Amount of
contribution (\$):
\$150.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
2/26/20045 Full Name of Contributor: ☐ out of state PAC
J David Ahola7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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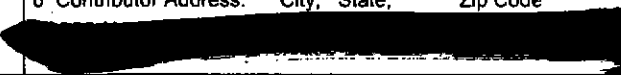
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

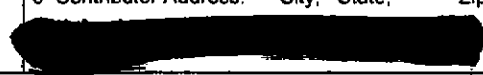
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS


SCHEDULE A1

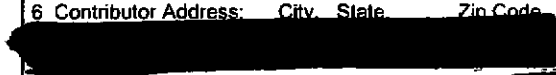
(FOR FORMS C/OH and SPAC)


The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cheryl A. Schoonover	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John F. Bos	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC H. Joan Ehrlich	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Pamela K. Ingersoll	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marc A. Campos	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS


SCHEDULE A1


(FOR FORMS C/OH and SPAC)

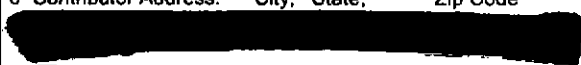
The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janet Rentz	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC C. Mike Garver	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Karen C. Derr	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gerard L. Torres	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert C. Calvert	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jennifer A. Peck Peerless	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dayle Blake	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 2/26/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William B. Connolly	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wheatstone Investments, L.P.	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ann C. Dunagan	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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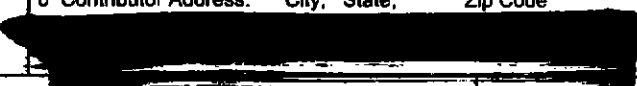
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

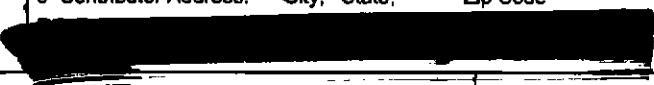
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS


SCHEDULE A1


(FOR FORMS C/OH and SPAC)


The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Continental Airlines Fund for a Better Gov't PAC	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bank One, Texas Good Government Committee PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Helen F. Hough	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David B. Tarbet	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronnie Lee Self	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

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2 FILER NAME: Annisie Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William J. Smith Jr	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Victoria E. Mourmian	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles B. Krenzler	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Karen L. Bean	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrea Renee Williams Logans	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36
2 FILER NAME: Annisie Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 3/2/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bonnie D. Huval	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/16/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Norma Gertrude Acker	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/17/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Trinh Ngog Phuong Pham	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/17/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jim Makshanoff	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/17/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Darryl Elliott	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 3/17/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Catherine A. Swilley	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/17/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC ANSUN PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/17/2004	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC Chase Bank of Texas, N.A./JP Morgan Chase PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code P [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/17/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bank One, Texas Good Government Committee PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 3/20/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles E. Armstrong	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 36	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/25/2004	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jeanette A. Rash	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

Schedule A1 Report Total: \$59,685.00

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**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines

12FE4M5

J.P. Morgan Chase & Co. State and Federal Political Action Committee

ADDRESS (number and street)

230 Park Avenue, 21st Floor

☐

(Check if address
is changed)

New York

NY

10169

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bridget.lawless@jpmchase.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

MM
12

DD
19

YYYY
2002

3. FEC IDENTIFICATION NUMBER

C00003830

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Bridget Lawless

Signature of Treasurer

Electronically Filed by Bridget Lawless

Date

MM
12

DD
19

YYYY
2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110

FEC FORM 1

(Revised 1/2001)

Write or Type Committee Name

J.P. Morgan Chase & Co. State and Federal Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Bridget Lawless**

Mailing Address **230 Park Avenue, 21st Floor**

New York **NY** **10169** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **212** - **622** - **3306**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Bridget Lawless**

Mailing Address **230 Park Avenue, 21st Floor**

New York **NY** **10169** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **212** - **622** - **3306**

Full Name of Designated Agent **Maureen E. Sullivan**

Mailing Address **230 Park Avenue, 21st Floor**

New York **NY** **10169** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Assistant Treasurer Telephone number **212** - **622** - **3332**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JPMorgan Chase Bank

Mailing Address

Branch # 134

401 Madison Avenue

New York

NY

10017

CITY ▲

STATE ▲

ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

J.P. Morgan Chase & Co.

Mailing Address

270 Park Avenue

New York

NY

10017

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Connected

Type of Connected Organization:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

Designated Agent

[ADDITIONAL]

Full Name

[illegible]**Mailing Address**

Title or Position ▼

CITY ▲

STATE ZIP CODE

Telephone number

— — — — —

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00015529

2 Total pages filed:
31

3 COMMITTEE NAME
Halliburton Company PAC

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1150 18th St, NW
Suite 200
Washington, DC 20036

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
M. Steven
NICKNAME LAST SUFFIX
Bender

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4100 Clinton Drive
(12-101)
Houston, TX 77020

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4100 Clinton Drive
(12-101)
Houston, TX 77020

☐ Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 676-5850

9 REPORT TYPE

☒ Monthly
(Enter date below)

☐ 10th day after campaign
treasurer termination

☐ Dissolution
(attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

☐ January 5
☐ February 5
☐ March 5

☐ April 5
☐ May 5
☐ June 5

☒ July 5
☐ August 5
☐ September 5

☐ October 5
☐ November 5
☐ December 5

11 PERIOD COVERED

Month Day Year

5 / 26 / 2004

THROUGH

Month Day Year

6 / 25 / 2004

GO TO PAGE 2

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**1****2** FILER NAME

Annise Parker

3 ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

09/26/03

7 Name of lender

Annise Parker

☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)

10,000.00

6 Is lender a
financial institution?

Y

N

8 Lender address; City; State; Zip Code

P.O. Box 66513 Houston, TX 77266

10 Interest rate**11** Maturity date

On Demand

12 Principal occupation / Job title (See instructions)

City Controller

13 Employer (See instructions)

City of Houston

14 Description of Collateral☒ none**15** GUARANTOR
INFORMATION☒ not applicable**16** Name of guarantor**17** Guarantor address; City; State; Zip Code**18** Amount Guaranteed (\$)**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☐ noneGUARANTOR
INFORMATION☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date

1/7/2004

Payee Name

Grant Martin Consulting

Payee address

City;

State;

Zip Code

P.O. Box 667307 Houston, TX
77266-7307Amount
(\$)

\$50.00

Purpose of payment (See instructions regarding type of information required)

Reprint of Chronicle photo

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/7/2004

Payee Name

Sprint

Payee address

City;

State;

Zip Code

P.O. Box 650270 Dallas, TX
75265Amount
(\$)

\$33.13

Purpose of payment (See instructions regarding type of information required)

Telephone

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/7/2004

Payee Name

Nextel

Payee address

City;

State;

Zip Code

P.O. Box 54977 Los Angeles,
CA 90054-0977Amount
(\$)

\$50.26

Purpose of payment (See instructions regarding type of information required)

Telephone

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/7/2004

Payee Name

Grant Martin Consulting

Payee address

City;

State;

Zip Code

P.O. Box 667307 Houston, TX
77266-7307Amount
(\$)

\$2,500.00

Purpose of payment (See instructions regarding type of information required)

Monthly Consulting Fee

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
1/14/2004

Payee Name

LOGIX

Payee address

City;

State;

Zip Code

P.O. Box 3608 Houston, TX
77253Amount
(\$)

\$838.46

Purpose of payment (See instructions regarding type of information required)

Logix bill - FINAL PAYMENT

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
1/28/2004

Payee Name

Ambassadors International Ballet Folklori Co.

Payee address

City;

State;

Zip Code

5501 Brady Houston, TX
77011Amount
(\$)

\$50.00

Purpose of payment (See instructions regarding type of information required)

Anniversary Banquet - February 6, 2004

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
2/2/2004

Payee Name

Lake Snell Perry & Associates

Payee address

City;

State;

Zip Code

1726 M Street, NW Suite 500
Washington, DC 20036Amount
(\$)

\$150.76

Purpose of payment (See instructions regarding type of information required)

Conference Call Charges

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
2/2/2004

Payee Name

Nextel

Payee address

City;

State;

Zip Code

P.O. Box 54977 Los Angeles,
CA 90054-0977Amount
(\$)

\$50.41

Purpose of payment (See instructions regarding type of information required)

Telephone

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 2/2/2004	Payee Name Grant Martin Consulting Payee address P.O. Box 667307 Houston, TX 77266-7307	Amount (\$) \$435.56
------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required)

Credit card processing charges

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date 2/2/2004	Payee Name Grant Martin Consulting Payee address P.O. Box 667307 Houston, TX 77266-7307	Amount (\$) \$2,500.00
------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required)

January consulting fee

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date 2/4/2004	Payee Name InfoVine Payee address P.O. Box 2706 Houston, TX 77006	Amount (\$) \$1,500.00
------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required)

Deposit on Beso Fundraiser Mailer

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date 2/4/2004	Payee Name Monarch Printing Company, Inc. Payee address 6605 McGrew Houston, TX 77006	Amount (\$) \$1,242.92
------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required)

Letterhead & Envelopes

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
2/12/2004

Payee Name

Grant Martin Consulting

Payee address

City;

State;

Zip Code

P.O. Box 667307 Houston, TX
77266-7307Amount
(\$)

\$25,000.00

Purpose of payment (See instructions regarding type of information required)

Consulting - Invoice 339

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
2/13/2004

Payee Name

Harris County Democratic Party

Payee address

City;

State;

Zip Code

1445 North Loop West, Ste.
110 Houston, TX 77008Amount
(\$)

\$100.00

Purpose of payment (See instructions regarding type of information required)

Event Sponsorship

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
2/29/2004

Payee Name

Grant Martin Consulting

Payee address

City;

State;

Zip Code

P.O. Box 667307 Houston, TX
77266-7307Amount
(\$)

\$267.96

Purpose of payment (See instructions regarding type of information required)

Beso Host Letters

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
2/29/2004

Payee Name

Grant Martin Consulting

Payee address

City;

State;

Zip Code

P.O. Box 667307 Houston, TX
77266-7307Amount
(\$)

\$258.18

Purpose of payment (See instructions regarding type of information required)

XPEDX - Paper stock for Beso invitations

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
2/29/2004

Payee Name

Grant Martin Consulting

Payee address

City;

State;

Zip Code

P.O. Box 667307 Houston, TX
77266-7307Amount
(\$)

\$17.04

Purpose of payment (See instructions regarding type of information required)

New endorsement stamp

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
2/29/2004

Payee Name

Grant Martin Consulting

Payee address

City;

State;

Zip Code

P.O. Box 667307 Houston, TX
77266-7307Amount
(\$)

\$27.92

Purpose of payment (See instructions regarding type of information required)

Infovine, Inc. - Balance due on Beso mailing

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
2/29/2004

Payee Name

Grant Martin Consulting

Payee address

City;

State;

Zip Code

P.O. Box 667307 Houston, TX
77266-7307Amount
(\$)

\$269.76

Purpose of payment (See instructions regarding type of information required)

Beso Event Host Faxes

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
2/29/2004

Payee Name

Grant Martin Consulting

Payee address

City;

State;

Zip Code

P.O. Box 667307 Houston, TX
77266-7307Amount
(\$)

\$2,500.00

Purpose of payment (See instructions regarding type of information required)

February

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.		Total pages Schedule F 18	
FILER NAME Annise Parker		ACCOUNT # (Ethics Commission filers)	
Date 2/29/2004	Payee Name Grant Martin Consulting Payee address P.O. Box 667307 Houston, TX 77266-7307	City; State; Zip Code	Amount (\$) \$34.10
Purpose of payment (See instructions regarding type of information required) Copy.Com - Beso Fundraiser Sponsor Board		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/2/2004	Payee Name Garnet Coleman Campaign Payee address P.O. Box 88140 Houston, TX 77288	City; State; Zip Code	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required) Contribution		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/2/2004	Payee Name Nextel Payee address P.O. Box 54977 Los Angeles, CA 90054-0977	City; State; Zip Code	Amount (\$) \$50.24
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 3/12/2004	Payee Name Kaye Marvins Photography Payee address 4401 Montrose Houston, TX 77006	City; State; Zip Code	Amount (\$) \$39.50
Purpose of payment (See instructions regarding type of information required) Official Photo		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
3/27/2004

Payee Name

Neartown Little League

Payee address

City;

State;

Zip Code

P. O. Box 66193 Houston, TX
77266Amount
(\$)

\$100.00

Purpose of payment (See instructions regarding type of information required)

Event Sponsorship

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
4/9/2004

Payee Name

Nextel

Payee address

City;

State;

Zip Code

P.O. Box 54977 Los Angeles,
CA 90054-0977Amount
(\$)

\$50.41

Purpose of payment (See instructions regarding type of information required)

Telephone

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
4/18/2004

Payee Name

Annise Parker

Payee address

City;

State;

Zip Code

P.O. Box 66513 Houston, TX
77266Amount
(\$)

\$1,200.00

Purpose of payment (See instructions regarding type of information required)

REIMBURSEMENT - Victory Fund Sponsorship

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
4/18/2004

Payee Name

Madeleine Appel

Payee address

City;

State;

Zip Code

5223 Ariel Houston, TX 77096

Amount
(\$)

\$57.97

Purpose of payment (See instructions regarding type of information required)

Controller Office April meeting refreshments

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date

4/18/2004

Payee Name

Annise Parker

Payee address

City;

State;

Zip Code

P.O. Box 66513 Houston, TX
77266Amount
(\$)

\$47.30

Purpose of payment (See instructions regarding type of information required)

REIMBURSEMENT - Gas & Parking - EMILY's List

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/22/2004

Payee Name

LULAC District VIII

Payee address

City;

State;

Zip Code

5207 Airline Drive Houston, TX
77022Amount
(\$)

\$100.00

Purpose of payment (See instructions regarding type of information required)

Cinco de Mayo Parade Fee

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/22/2004

Payee Name

Martha Galvan

Payee address

City;

State;

Zip Code

1123 Gardendale Dr. Houston,
TX 77018Amount
(\$)

\$75.00

Purpose of payment (See instructions regarding type of information required)

Council Meeting Refreshments 04/22/04

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/12/2004

Payee Name

Annise Parker

Payee address

City;

State;

Zip Code

P.O. Box 66513 Houston, TX
77266Amount
(\$)

\$1,000.00

Purpose of payment (See instructions regarding type of information required)

Reimbursement - Emily's List - Annual Dues

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
5/12/2004

Payee Name

Nextel

Payee address

City;

State;

Zip Code

P.O. Box 54977 Los Angeles,
CA 90054-0977Amount
(\$)

\$50.41

Purpose of payment (See instructions regarding type of information required)

Telephone

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
5/12/2004

Payee Name

Alonti

Payee address

City;

State;

Zip Code

2444 Times Blvd Ste 360
Houston, TX 77042Amount
(\$)

\$518.35

Purpose of payment (See instructions regarding type of information required)

Employee Recognition Luncheon

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
5/17/2004

Payee Name

Kathryn C. McNiel

Payee address

City;

State;

Zip Code

PO Box 131835 Houston, TX
77219Amount
(\$)

\$497.87

Purpose of payment (See instructions regarding type of information required)

Event Fee

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
6/2/2004

Payee Name

My Chef (Naturally)

Payee address

City;

State;

Zip Code

Teresa Coleman 829 Rosine St
Houston, TX 77019-19Amount
(\$)

\$195.00

Purpose of payment (See instructions regarding type of information required)

Event Expense

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
6/9/2004

Payee Name

Nextel

Payee address

City;

State;

Zip Code

P.O. Box 54977 Los Angeles,
CA 90054-0977Amount
(\$)

\$50.57

Purpose of payment (See instructions regarding type of information required)

Telephone

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Annise Parker

Payee address

City;

State;

Zip Code

P.O. Box 66513 Houston, TX
77266Amount
(\$)

\$50.00

Purpose of payment (See instructions regarding type of information required)

Reimbursement Sponsorship

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Annise Parker

Payee address

City;

State;

Zip Code

P.O. Box 66513 Houston, TX
77266Amount
(\$)

\$1.25

Purpose of payment (See instructions regarding type of information required)

Reimbursement Harris Co Toll Authority

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Annise Parker

Payee address

City;

State;

Zip Code

P.O. Box 66513 Houston, TX
77266Amount
(\$)

\$0.75

Purpose of payment (See instructions regarding type of information required)

Reimbursement Harris Co Toll Authority

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F
18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
6/12/2004

Payee Name

Annise Parker

Amount
(\$)

Payee address

City;

State;

Zip Code

**P.O. Box 66513 Houston, TX
77266**

\$0.75

Purpose of payment (See instructions regarding type of information required)

Reimbursement Harris Co Toll Authority

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Annise Parker

Amount
(\$)

Payee address

City;

State;

Zip Code

**P.O. Box 66513 Houston, TX
77266**

\$1.25

Purpose of payment (See instructions regarding type of information required)

Reimbursement Harris Co Toll Authority

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Annise Parker

Amount
(\$)

Payee address

City;

State;

Zip Code

**P.O. Box 66513 Houston, TX
77266**

\$2.37

Purpose of payment (See instructions regarding type of information required)

Reimbursement Business Dinner

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Annise Parker

Amount
(\$)

Payee address

City;

State;

Zip Code

**P.O. Box 66513 Houston, TX
77266**

\$4.22

Purpose of payment (See instructions regarding type of information required)

Reimbursement Business Dinner

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F
18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
6/12/2004

Payee Name

Annise Parker

Payee address

City;

State;

Zip Code

**P.O. Box 66513 Houston, TX
77266**

Amount
(\$)

\$20.00

Purpose of payment (See instructions regarding type of information required)

Reimbursement Sponsorship

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Annise Parker

Payee address

City;

State;

Zip Code

**P.O. Box 66513 Houston, TX
77266**

Amount
(\$)

\$20.00

Purpose of payment (See instructions regarding type of information required)

Reimbursement Taxi Business Meeting Washington DC

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Annise Parker

Payee address

City;

State;

Zip Code

**P.O. Box 66513 Houston, TX
77266**

Amount
(\$)

\$20.00

Purpose of payment (See instructions regarding type of information required)

Reimbursement Taxi Business Meeting Washington DC

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Houston Black American Democrats

Payee address

City;

State;

Zip Code

**PO Box 2893 Houston, TX
77252**

Amount
(\$)

\$45.00

Purpose of payment (See instructions regarding type of information required)

Event Fee

**** Complete if direct expenditures to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date
6/12/2004

Payee Name

Houston Black American Democrats

Payee address

City;

State;

Zip Code

PO Box 2893 Houston, TX
77252Amount
(\$)

\$80.00

Purpose of payment (See instructions regarding type of information required)

Advertisement

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

James Robertson

Payee address

City;

State;

Zip Code

5407 Green Springs

Amount
(\$)

\$108.60

Purpose of payment (See instructions regarding type of information required)

Reimbursement Travel Expense

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Texas Democratic Party

Payee address

City;

State;

Zip Code

701 Rio Grande

Amount
(\$)

\$1,000.00

Purpose of payment (See instructions regarding type of information required)

Sponsorship

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
6/12/2004

Payee Name

Annise Parker

Payee address

City;

State;

Zip Code

P.O. Box 66513 Houston, TX
77266Amount
(\$)

\$29.31

Purpose of payment (See instructions regarding type of information required)

Reimbursement Office Supplies

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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Revised 09/01/2003

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

18

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date

6/30/2004

Payee Name

Nextel

Payee address

City;

State;

Zip Code

P.O. Box 54977 Los Angeles,
CA 90054-0977Amount
(\$)

\$50.73

Purpose of payment (See instructions regarding type of information
required)

Telephone

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Schedule F Report Total:

\$66,549.38

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Revised 09/01/2003

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 5

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 3/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Tideland A.P.R.I. Membership Dues	Amount (\$) \$12.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Women's Political Forum - 1/12/04	Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Women's Political Forum - 1/30/04	Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Exit lunch with Judy Johnson	Amount (\$) \$34.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 5

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 4/18/2004	Payee Name Annise Parker Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Gas & Parking - EMILY's List	Amount (\$) \$47.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/12/2004	Payee Name Annise Parker Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Sponsorship Northside Democrats	Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4/18/2004	Payee Name Annise Parker Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Victory Fund Sponsorship	Amount (\$) \$1,200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5/12/2004	Payee Name Annise Parker Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Emily's List - Annual Majority Council Dues	Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 5

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 6/12/2004	Payee Name Annise Parker Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Harris Co Toll Authority	Amount (\$) \$0.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/12/2004	Payee Name Annise Parker Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Harris Co Toll Authority	Amount (\$) \$0.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/12/2004	Payee Name Annise Parker Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Harris Co Toll Authority	Amount (\$) \$1.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/12/2004	Payee Name Annise Parker Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Harris Co Toll Authority	Amount (\$) \$1.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 5

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 6/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Business Dinner	Amount (\$) \$2.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Business Dinner	Amount (\$) \$4.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Sponsorship	Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Taxi Business Meeting Washington DC	Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 5

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 6/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Taxi Business Meeting Washington DC	Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Office Supplies	Amount (\$) \$29.31 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 6/12/2004	Payee Name Annise Parker Payee address P.O. Box 66513 Houston, TX 77266 City; State; Zip Code Purpose of payment (See instructions regarding type of information required) Sponsorship	Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

Schedule G Report Total: **\$2,753.43**

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Revised 09/01/2003

**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1

2 FILER NAME

Annise Parker

3 ACCOUNT # (Ethics Commission filers)**4** Date

01/07/04

5 Business name

Hubbard Financial Services

7 Amount
(\$)

1,633.31

6 Business address; City; State; Zip Code

2615 Montrose Blvd Houston, TX 77006

8 Purpose of payment (See instructions regarding type of information required.)

HQ Telephone Service

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Annise Parker

City Controller

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**